

GUIDELINES FOR EXPENSES AND COSTS THROUGH BDDS STATE LINE ITEM FUNDS

**Bureau of Developmental Disabilities Services
(BDDS)**

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

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Introduction

A budget for state line funding is completed when 100% State dollars are required to support any eligible individual when all other possible resources are unavailable. A budget authorizes the allocation of State dollars to fund the supports as identified in the Individualized Support Plan (ISP).

The state line budget reflects the supports required to meet the **basic needs** of the individual in the community and can only be approved for individuals who reside in Indiana and who have been determined eligible for developmental disabilities services by the Bureau of Developmental Disabilities Services (BDDS).

The budget is an agreement between the individual and/or legal representative, the provider agency, and the BDDS, and must be approved by BDDS prior to the start of the requested supports.

Terms Used By State Line Funding

The following terms are used in reference to State line funding in general.

Budget ID or Budget

- The unique identification number assigned upon submission to a specific budget of an individual who is requesting to receive state funded supports. Referring to the budget ID ensures all parties are discussing the same budget, as no two budgets will have the same ID.

Budget Type

- A group of supports that is bundled together under a specific title or category and made available to an eligible individual through a State Line budget. There are different types of budgets available, depending upon the needs of the individual.

Business Operations Unit (BOU) or Business Operations Staff (BOS)

- A program area within the BDDS that manages the business operations of the Bureau, including the oversight of State Line funded programs.

Consumer

- The individual who has been determined eligible for developmental disabilities services by BDDS and who is requesting to receive state funded supports.

Consumer ID or Consumer # or Consumer ID number

- The unique identification number assigned to the BDDS case-file of each individual who requests assistance from or who has been determined eligible for developmental disabilities services by BDDS.

Individualized Support Team (IST)

- A group of professionals and advocates who are chosen by the individual in order to assist him/her in developing supports and accomplishing the individual's long and short term goals.

Individualized Support Plan (ISP)

- A comprehensive document that reflects and outlines the outcomes expected and the services and support which should work toward accomplishment of the individual's life expectations and goals.

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Service Coordinator

- A BDDS staff member who acts as the field representative for the bureau and is the case manager for persons receiving BDDS state line funds.

Development of a Budget

All services and supports provided to a individual and included in the costs of a State line budget must be discussed and documented in the Individualized Support Plan (ISP) that has been reviewed and agreed to by the individual and their Individualized Support Team (IST).

The budget should support the individual in remaining safely integrated in the community. A budget cannot be used to supplement or circumvent authorized Home and Community Based Medicaid Waiver-funded services or services funded through Medicaid. A budget cannot be used to circumvent private insurance.

It is the responsibility of the chosen provider agency(s) to ensure completion and approval of an adequate budget. A provider will not be reimbursed for supports provided outside of a budget that has been approved by the BDDS. A budget should be approved and in place prior to beginning supports. Supports will not be reimbursed without an approved budget in place for those months and appropriate to those supports. Only supports agreed upon through a BDDS approved budget will be reimbursed to the budget provider, and only the provider documented on a budget can claim said reimbursement.

Budget Decision Paths

New Budgets

A new budget is needed when an individual does not have a recently expired or currently active budget of the same type. For example, if an individual has never been supported with State Line funds (an "initial" budget), or if an individual who was once funded by State Line but became self-sufficient is again requiring State Line assistance, or if an individual requires a State Line budget that they have not previously required

After the creation or revision of an Individualized Support Plan (ISP), the Individualized Support Team (IST) must select the appropriate budget type(s) and then the supports within that budget type that are necessary to support the individual. The BDDS office should ensure that, if one has not already been decided upon, a provider is chosen by the IST that is approved to deliver the requested supports. The Service Coordinator will then initiate the creation of a "budget shell" for each budget type requested. The "budget shell" is made available on the DDRS Webtool for the assigned provider to log in and review. The provider may accept the budget or may request that the BDDS review additional information as provided by the provider. When the provider accepts a budget, the budget is Approved.

Renewal Budgets

In order to prevent loss of State Line funded supports for an individual, renewal budgets or renewal budget shells are created by the BDDS prior to the expiration date of the current active budgets. An individual's ISP must be reviewed and renewed annually. Creation or revision of an annual ISP is required before a State Line budget can be approved.

Budget Types: Residential Services, Nursing Facility, Caregiver Supports, Community Supports: Full, Community Supports: SEFA, Community Supports: Sheltered Employment
Approximately forty-five (45) days prior to the expiration of budget type, a budget of the same type is made available on the DDRS Webtool for the assigned provider to log in and review. The budget is created using the same dollar

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amounts available on the previous budget of the same type. The provider may accept the budget or may request that the BDDS review additional information as provided by the provider. When the provider accepts a budget, the budget is Approved.

Budget Types: Emergency Supports, Behavior Supports, Treatment Placement

Approximately forty-five (45) days prior to the expiration of budget type, BDDS will review the individual's file and, *if the need has continued*, a budget of the same type is made available on the DRS Webtool for the assigned provider to log in and review. The budget is created using the amounts pre-approved by the BDDS and the provider. When the provider accepts a budget, the budget is Approved.

Budget Types: RLA budget

Approximately forty-five (45) days prior to the expiration of an RLA budget, a "budget shell" is made available on the DRS Webtool for the assigned provider to log in and review. The provider must data enter the individual's Residential Living Expenses, Monthly Income, and other information. The "budget shell" is then returned to the BDDS for review by the Service Coordinator and the BDDS Business Operations Staff. When the Business Operations Staff verifies a budget, the budget is Approved.

Budget Statuses

A budget can be in any of six (6) statuses:

<u>STATUS</u>	<u>DESCRIPTION</u>
<u>P</u> ENDING REVIEW	The budget is pending a review, either by the provider or BDDS staff
<u>R</u> EQUEST FOR CHANGE	Also known as "RFI" or "Request for Information" The data in the budget has been questioned by either the provider or BDDS Staff
<u>A</u> PPROVED	Also known as "Accepted" or "Verified" The budget has been through all necessary levels of review and the provider is authorized to provide the supports with the expectation of reimbursement from the BDDS
<u>D</u> ENIED	Also known as "Rejected" The budget was not in compliance with one or more of the State or BDDS guidelines or policies and any supports provided under this budget will not be reimbursed by the BDDS
<u>C</u> ANCELED	The budget was approved, but circumstances arose that made the budget unnecessary or required it be ended early.
<u>T</u> ERMINATED	The budget was in pending status and circumstances arose that made the budget unnecessary.

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A budget cannot be approved when

- requested of the BDDS by the provider *after* the requested services have begun
- the *start* date is prior to the month in which the budget was requested

An approved budget indicates the provider's commitment to providing the proposed supports to the individual.

Approval of any budget by BDDS does not guarantee payment if any BDDS, FSSA audit, or claim policies, procedures, or requirements are not met.

Acknowledgment and Signatures

The details of the budget and the individual's responsibilities under the budget shall be explained to the individual and/or the legal representative and the entire IST when the budget is developed. The provider must maintain documentation that the details of each budget submitted to BDDS were reviewed with and agreed to by the individual and/or the individual's legal representative PRIOR to the start date of a budget.

Appeal Process

The individual requesting to receive or amend supports has the right to appeal any adverse decision made on a budget submitted on their behalf. The individual or their legal representative must make a request in writing for a hearing within fifteen (15) days of the receipt of the adverse decision. The request must be mailed to:

Hearings and Appeals, MS# 04
402 W. Washington Street
Indianapolis, IN 46204

An Administrative Law Judge (ALJ) will be assigned and a letter will be sent notifying the parties involved of the date, time and location of the appeal hearing. After the hearing, the ALJ will make a Recommendation.

A Final Notice regarding the appeal will be made by the DDRS Director and sent to all interested parties.

During an appeal of a BDDS budget decision, any supports currently being funded by that funding stream will continue at the same levels until the Final Notice is received.

If the Final Notice upholds the original BDDS decision, any extended budget will be canceled thirty days after the Final Notice is received, unless otherwise dictated by the Final Notice.

The BDDS service coordinator must notify all parties of the cancellation of the extended budget. The provider will not be in a pay-back situation with the State, unless otherwise dictated by the Final Notice.

If the Final Notice reverses or otherwise alters the original BDDS decision, the provider will request a new budget for approval, based upon the recommendations of the Final Notice.

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Guidelines for Budget Types

Types Of Budgets Available

There are different types of budgets available, depending upon the needs of the individual. It is the responsibility of the chosen provider agency(s) to ensure completion and approval of an adequate budget or budgets using the individual's ISP.

- 1) Residential Services Budget (RSVS)
A Residential Services budget is requested when non-emergency, non-crisis, residential-based supports are necessary to begin or continue an individual's integration in the community and other funding has been exhausted.
- 2) Residential Living Allowance Budget (RLA)
If the individual is receiving Residential Habilitation Services funded through a State Line or waiver budget and their living expenses exceed their benefits and income, they may be qualified to receive a monthly Residential Living Allowance (RLA) to cover the excess costs of room and board.
A Residential Living Allowance budget authorizes the funding of basic residential living needs of an individual residing in his/her own home (outside of a parent or family home) and is used to support the remainder of an individual's basic residential living expenses after applying his/her personal income and/or benefits.
- 3) Behavior Supports Budget (BMAN)
A Behavior Supports Budget is available to individuals who are receiving State-funded Residential Services supports, and who are not receiving waiver services, and for whom behavioral modification and or supports is deemed appropriate.
- 4) Community Supports Budget (CS:)
A Community Supports budget is requested for services outside an individual's home that support learning and assistance in (1) self-care, (2) sensory-motor development, (3) socialization, (4) daily living skills, (5) communication, (6) community living, and (7) social skills. There are three Community Supports Budgets: CS:Full, CS:Sheltered Employment, and CS:SEFA.
- 5) Nursing Facility Supports Budget (NF)
A Nursing Facility Supports budget supports community services for an individual who resides within a Nursing Facility and is approved by Pre-Admission Screening for long term care services
- 6) Emergency Supports Budget (ESS)
An Emergency Supports budget is available only when an individual's health and/or safety is in serious jeopardy, requiring immediate short-term intervention while traditional remediation resources are not available.
- 7) Caregiver Support Budget (CGS)
A Caregiver Support budget supports an individual who is residing with a family and/or primary caregiver and is receiving no other funding or supports from DDRS. This budget facilitates providing a break for the family and/or primary caregiver from the care of the individual eligible for developmental disability services.
- 8) Treatment Placement Budget (TP)
A Treatment Placement budget is requested for residential supports for an individual whose health or other issues require significant time to resolve prior to the individual returning to the community.

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Budget Type Guidelines

1) Residential Services Budget

- The provider responsible for supporting the individual's residential services in the community shall be responsible for the individual's Residential Services budget.
- Only one Residential Services budget may be in place at a time.
- Approval of a Residential Services budget will immediately cancel any of the following budgets already in place for the individual for the same time period:
 - a Residential Services budget
 - an Emergency Supports budget
 - a Nursing Facility Supports budget
 - a Treatment Placement budget
 - a Caregiver Supports budget
- When a Residential Services budget is in place, the individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Community Supports budget
 - a Residential Living Allowance budget
 - a Behavioral Supports budget

2) Residential Living Allowance Budget:

- A Residential Living Allowance budget can be requested only when the individual is receiving services funded through the BDDS or when determined eligible through the Department of Education.
- The provider responsible for assisting the individual in managing and maintaining his/her resources in the community shall be responsible for the individual's Residential Living Allowance budget.
- Only one Residential Living Allowance budget may be in place at a time.
- Approval of a Residential Living Allowance budget will immediately cancel any of the following budgets already in place for the individual for the same time period:
 - a Residential Living Allowance budget
 - a Nursing Facility Supports budget
 - a Treatment Placement budget
 - a Caregiver Supports budget
- When a Residential Living Allowance budget is in place, the individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Community Supports budget
 - a Residential Services budget
 - a Behavioral Supports budget
 - an Emergency Supports budget

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3) Behavior Supports Budget:

- The Behavior Support provider is required to be a member of the ISP team
- All initial Behavior Supports budgets must be of a 3-month duration
- Only one Behavior Supports budget may be in place at a time.
- Approval of a Behavior Supports budget will immediately cancel any of the following budgets already in place for the individual for the same time period:
 - a Behavior Supports budget
 - a Nursing Facility Supports budget
 - a Treatment Placement budget
 - a Caregiver Supports budget
- The provider of Level 2 Clinician services is responsible for the Behavioral Supports budget
 - The provider of Level 2 Clinician services will claim reimbursement for all services funded through the Behavioral Supports budget
 - The provider of Level 2 Clinician services will be responsible for payment to the Level 1 Clinician provider
- When a Behavior Supports budget is in place, the individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Community Supports budget
 - a Residential Services budget
 - a Residential Living Allowance budget
 - an Emergency Supports budget

4) Community Supports Budgets:

Effective July 1, 2006, Title XX is no longer a source of funding for day services through the Bureau of Developmental Disability Services.

- Community Supports: Full: This budget type is no longer available to new consumers. Budgets for consumers who were receiving this funding will continue to be maintained per current BDDS guidelines and policies.
- Community Supports: SEFA: Eligible consumers with Developmental Disabilities who are currently receiving Supported Employment Follow-along services will use this budget tool. Eligible consumers completing Vocational Rehabilitation Services and who then require SEFA funding for continued supports will also use this budget tool.
- Community Supports: Sheltered Employment: Eligible consumers with Developmental Disabilities who are currently receiving Home and Community Based Medicaid Waiver-funded services and who require Community- or Facility-Based Sheltered Employment services will use this budget tool.
- The provider responsible for coordinating the provision of Community Supports services to the individual shall be responsible for the Community Supports budget.
- Only one Community Supports budget may be in place at a time.
- Approval of a Community Supports budget will immediately cancel any of the following budgets already in place for the individual for the same time period:
 - a Nursing Facility Supports budget
 - a Community Supports budget
 - a Caregiver Supports budget

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- When a Community Supports budget is in place, the individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Behavior Supports budget
 - a Residential Services budget
 - a Residential Living Allowance budget
 - an Emergency Supports budget

5) Nursing Facility Supports Budget:

- The budget must reflect the decisions contained within the Individualized Support Plan and must indicate that the individual is eligible to receive Nursing Facility Supports Specialized Services.
- The provider responsible for coordinating the provision of Nursing Facility Supports services to the individual shall be responsible for the Nursing Facility Supports budget
- Only one Nursing Facility Supports budget may be in place at a time.
- Approval of a Nursing Facility Supports budget will immediately cancel any budgets already in place for the individual for the same time period
- When a Nursing Facility Supports budget is in place, the individual may not have other budgets in place for the same or an overlapping time period

6) Emergency Supports Budget:

- The provider responsible for coordinating the provision of Emergency supports to the individual shall be responsible for the Emergency Supports budget.
- Only one Emergency Supports budget may be in place at a time.
- Approval of an Emergency Supports budget will immediately cancel any of the following budgets already in place for the individual for the same time period:
 - a Nursing Facility Supports budget
 - a Community Supports budget
 - an Emergency Supports budget
 - a Caregiver Supports budget
- When an Emergency Supports budget is in place, the individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Behavior Supports budget
 - a Residential Living Allowance budget
 - an Emergency Supports budget
 - a Community Supports budget
- An individual may receive an Emergency Supports Budget while receiving funding through the Support Services Waiver, providing:
 - The emergency budget can only be for those hours that the individual is NOT in day services funded through the SSW.
 - the claims for services rendered EXCLUDE the hours the individual is participating in SSW day services program
 - The provider must retain documentation of the split between hours billed for State line emergency services and hours spent in SSW day services

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7) Caregiver Support Budget:

- The request to begin receiving Caregiver Supports is made to the District Manager in the district in which the individual resides.
- The provider responsible for the provision of Caregiver Support services to the individual shall be responsible for the Caregiver Support budgets.
- Only one Caregiver Support budget may be in place at a time.
- Approval of a Caregiver Support budget will immediately cancel any other Caregiver Support budget in place for the same time period.
- When a Caregiver Support budget is in place, the individual may not have other budgets in place for the same or an overlapping time period

8) Treatment Placement Budget:

- Requires a pre-approved and individual rate from the BDDS Business Operations staff.
 - The provider is responsible for meeting all the needs of the individual via a daily pre-approved rate.
- The provider responsible for the provision of the Treatment Placement supports to the individual shall be responsible for the Treatment Placement budgets..
- Only one Treatment Placement budget may be in place at a time.
- Approval of a Treatment Placement budget will immediately cancel any other budget in place for the same time period.
- When a Treatment Placement budget is in place, the individual may not have other budgets in place for the same or an overlapping time period

Types Of Budgets Available to Waiver recipients

When a person is receiving supports on the following Medicaid Waivers funded through the BDDS, the following State Line budget types are also available:

Autism Waiver:

- The individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Residential Living Allowance budget
 - a Community Supports: Sheltered Employment budget

Developmental Disabilities Waiver:

- The individual may have any of the following budgets in place for the same or an overlapping time period:
 - a Residential Living Allowance budget
 - a Community Supports: Sheltered Employment budget

Support Services Waiver:

- The individual may have any of the following budgets in place for the same or an overlapping time period:
 - an Emergency Supports budget
 - a Community Supports: Sheltered Employment budget

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SERVICE RATES AND BUDGET TYPES BY SERVICE

Below is a list of the services available through State Line funding, the unit of that service, and the rate per unit. The last column indicates on which budget the service is included.

Service	Unit	Rate	Budget Type*
Adult Day Services, Level I	1/2 Day	\$21.95	TP
Adult Day Services, Level I	1/4 Hour	\$1.38	TP
Adult Day Services, Level II	1/2 Day	\$28.80	TP
Adult Day Services, Level II	1/4 Hour	\$1.80	TP
Adult Day Services, Level III	1/2 Day	\$34.29	TP
Adult Day Services, Level III	1/4 Hour	\$2.14	TP
Adult Foster Care, Level I	Day	\$49.32	TP
Adult Foster Care, Level II	Day	\$73.97	TP
Adult Foster Care, Level III	Day	\$98.63	TP
Adult Foster Care, Level IV	Day	*	TP
Caregiver Support Services	1/4 Hour	\$4.00	CGS
Child Foster Care, Level I	Day	\$49.32	TP
Child Foster Care, Level II	Day	\$73.97	TP
Child Foster Care, Level III	Day	\$98.63	TP
Child Foster Care, Level IV	Day	*	TP
Clinician, Level I (Behavior Management)	1/4 Hour	\$17.38	BMAN
Clinician, Level II (Behavior Management)	1/4 Hour	\$17.38	BMAN
Environmental Modifications, Initial	One Time	Actuals ¹	RSVS
Environmental Modifications, Maintenance		Actuals ²	RSVS
Family and Caregiver Training		Actuals ³	RSVS
Group Habilitation Training	1 Hour	\$5.34	CS:FULL, NF
Health Care Coordination	Unit	\$48.06	RSVS, ESS
Indirect Service Coordination	Monthly	\$55.00	ISC
Individual Habilitation Community Direct	1 Hour	\$28.82	CS:FULL, NF
Individual Habilitation Facility Direct	1 Hour	\$27.58	CS:FULL, NF
Personal Emergency Response System	Monthly	\$52.07	RSVS
Personal Emergency Response System, Install	One Time	Actuals ⁴	RSVS
Pre-Vocational Services	1/4 Hour	\$1.20	CS:FULL, NF
Rent/Food for Unrelated Caregiver	Monthly	*	RSVS
Residential Habilitation and Support (<35/week)	1/4 Hour	\$4.88	RSVS, ESS
Residential Habilitation and Support (>35/week)	1/4 Hour	\$4.40	RSVS, ESS
Specialized Medical Equipment and Supplies, Assessment, Training	1/4 Hour	\$17.99	RSVS
Specialized Medical Equipment and Supplies, Installation	One Time	Actuals ⁵	RSVS
Specialized Medical Equipment and Supplies, Monthly	Month	*	RSVS
Supported Employment Follow-Along Services	1 Hour	\$36.95°	CS:FULL, CS:SEFA, NF
Transportation, Residential, Level I	Month	\$150.00	RSVS
Transportation, Residential, Level II	Month	\$300.00	RSVS
Transportation, Round Trip	Roundtrip	\$2.00	RSVS; CS:FULL, ESS
Transportation, Round Trip, Initial	Roundtrip	\$8.91	RSVS; CS:FULL, ESS

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Service	Unit	Rate	Budget Type ⁺
Treatment Placement: Behavioral, Long Term/Short Term Residential	Day	*	TP
Treatment Placement: SGL, Long Term/Short Term Residential	Day	*	TP

Therapies:

Service	Unit	Rate	Budget Type ⁺
Recreational Therapy	1/4 Hour	\$10.78	RSVS
Physical Therapy Services	1/4 Hour	\$18.12	RSVS
Individual Occupational Therapy	1/4 Hour	\$20.13	CS:FULL
Individual Speech Therapy	1/4 Hour	\$16.97	CS:FULL
Music Therapy Service	1/4 Hour	\$10.78	RSVS
Occupational Therapy	1/4 Hour	\$17.99	RSVS
Group Occupational Therapy	1/4 Hour	\$5.04	CS:FULL, NF
Group Speech Therapy	1/4 Hour	\$4.24	CS:FULL, NF
Speech and Language Therapy	1/4 Hour	\$18.12	RSVS
Therapy, Family	1/4 Hour	\$17.27	RSVS
Therapy, Group	1/4 Hour	\$4.81	RSVS
Therapy, Individual	1/4 Hour	\$15.45	RSVS

Sheltered Employment:

Service	Unit	Rate	Budget Type ⁺
Community Based Sheltered Employment Services	1 Hour	\$5.67	CS:FULL, CS:SE, NF
Facility Based Sheltered Employment Services	1 Hour	\$2.75	CS:FULL, CS:SE, NF

* Individual Daily Rate, set by DDRS

Actuals¹: Actual cost, with a maximum amount of \$15,000 per lifetime of individual

Actuals²: Actual cost, with a maximum amount of \$300 per year

Actuals³: Actual cost, with a maximum amount of \$2,000 per year

Actuals⁴: Actual cost at installation, maximum amount of \$52.07

Actuals⁵: Actual cost at installation

°\$4500 annual max if working 5 or more hrs/wk; \$2250 annual max if working less than 5 hrs/wk

*Key to Budget Types

Budget Types	
BMAN	Behavior Supports
CGS	Caregiver Supports
CS:FULL	Community Supports: Full
CS:SE	Community Supports: Sheltered Employment
CS:SEFA	Community Supports: SEFA
ESS	Emergency Supports
ISC	Indirect Service Coordination
NF	Nursing Facility
RLA	Residential Living Allowance
RSVS	Residential Services
TP	Treatment Placement

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Guidelines for Residential Services

While information about the BDDS services can be found in the *BDDS Service Definitions*, any special definitions, conditions, or limitations specific to State Line funded services will be found below.

When a service requires documentation that Prior Authorization (PA) was submitted and denied, always remember to include the denial reason for the PA. A denial based upon incorrect codes or inaccuracy of submission is not an acceptable reason to request the service through State line funding. The provider is responsible to have the PA denial on file for the Medicaid recipient.

State Line funds cannot be used if an individual is eligible for Medicaid or private insurance but chooses a provider that does not accept Medicaid or private insurance.

All documentation must be retained according to the Provider Standards found in the Indiana Administrative Code (460 IAC 6) and may be requested for review by BDDS at any time. The documentation detail should provide an audit trail that begins with the ISP and culminates with the claim for services rendered and/or costs incurred

Adult Foster Care

- Individuals receiving Foster Care services are not eligible to receive a Residential Living Allowance (RLA).
- Finances need to be monitored by the provider responsible for managing the individual's finances to ensure that benefits are maintained.
- Social Security Income or other types of income must be used to cover Room and Board expenses.

Behavioral Support Services (Level 1 Clinician, Level 2 Clinician) (BMAN)

- The ISP must list target behaviors being addressed and provide a detailed explanation specifying the activities to be provided by the behavioral specialist.
- An initial Behavioral Supports budget cannot exceed a 3-month duration
- Behavioral Supports budgets must include documentation regarding specific behavioral issues and necessary supports
- The provider of Level 2 Clinician services is responsible for the Behavioral Supports budget.
 - The provider of Level 2 Clinician services will claim reimbursement for all services funded through the Behavioral Supports budget
- A Level 2 Clinician must be supervised by a Level 1 Clinician.
 - If a behavioral support plan is developed by a Level 2 Clinician, the Level 2 Clinician must be supervised by a Level 1 Clinician.
 - A Level 1 Clinician must give written approval of all behavioral support plans developed by a Level 2 Clinician.
 - The provider of Level 2 Clinician services will be responsible for payment to the Level 1 Clinician provider
- Without prior authorization from BDDS Business Operations, a Behavioral Supports budget cannot exceed:
 - Level 1 Clinician services: 2 units per month
 - Level 2 Clinician services: 24 units per month

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Caregiver Supports

- Caregiver Support services can be provided
 - in the individual's home/place of residence,
 - in an Adult Day Services (formerly adult day care) facility, or
 - in a non-private residential setting (i.e., a "respite home")
- Caregiver Support Services budgets are established amounts, determined by the number of eligible persons in the family (see chart)
- Each Caregiver Supports budget has a 12-month duration.

Caregiver Supports	
Eligible in the Family	\$ Per Person
1 (self)	\$2,000
2 (self +1)	\$1,500
3 (self +2)	\$1,334
4 (self +3)	\$1,250
5 (self +4)	\$1,200

Child Foster Care

- Individuals receiving Foster Care services are not eligible to receive a Residential Living Allowance (RLA).
- Finances need to be monitored by the provider responsible for managing the individual's finances to ensure that benefits are maintained.
- Social Security Income or other types of income must be used to cover Room and Board expenses.

Community Transition Services

- This support is available only for the individual moving into community based services for the first time and not for subsequent moves within the community.
- If the individual is moving from a facility and will receive the Autism or DD Waiver, Community Transition Services must be included on the waiver.
- Community Transition Services funds may not be received from both a waiver and a State line Budget.
- Cannot exceed \$1,000.

Crisis Assistance Services

- No longer a service on the State Line Budget (07-01-2007).

Environmental Modifications Supports - Initial

- This service requires justification:
 - Describe how the Environmental Modification is needed for this individual and why.
 - Describe how the cost will be shared with roommates and/or between owner and tenant(s).
 - Include 3 bids/estimates for work
 - Bids/estimates must be detailed
 - Bids/estimates must include a drawing of the intended work
- This service must be pre-approved by the BDDS Director of Business of Operations

Environmental Modification Supports - Maintenance

- This service requires justification:
 - Describe the Environmental Modification is utilized by this individual and why it is needed.
 - Describe how the cost is shared with roommates and/or between owner and tenant(s).
- Cannot exceed \$300 in a year.
- This service must be pre-approved by the BDDS Director of Business of Operations

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Family and Caregiver Training

- Provides training and education to instruct family or primary caregiver about treatment regimens for the individual.
- This is not to be used for provider paid direct care staff
- Cannot exceed \$2,000 per year per individual

Health Care Coordination

- The appropriate level must be determined by a healthcare professional.
- This service requires justification:
 - Proof of Medicaid PA denial must be included for skilled nursing care
 - The ISP must clearly describe the need for the service, i.e. obesity, diabetes, high blood pressure

Indirect Service Coordination

- Indirect Service Coordination must be tracked for each individual
- Indirect Service Coordination service is available for billing after the service month is completed.
- A person related through blood or marriage to any degree to an individual may not conduct Indirect Service Coordination for that individual
- If the individual has both a residential budget and a community support service budget, reimbursement for indirect service coordination will be available to the residential provider only
- If the individual should change providers mid-month, the provider at the beginning of the month will receive the payment for indirect and is expected to pay the new provider for the days of service provided
- Agencies must employ an adequate number of QMRPs (Qualified Mental Retardation Professional) to ensure the development and monitoring of the Individual Support Plan.
- QMRP designees may provide the Indirect Service Coordination under the supervision of a QMRP

Music Therapy

- This service requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the therapy should be included in the ISP and in the individual's BDDS file
 - Clearly describe specific outcomes expected from the therapy

Occupational Therapy

- This service requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the therapy should be included in the ISP and in the individual's BDDS file
 - Clearly describe specific outcomes expected from the therapy

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Personal Emergency Response System - Installation

- Installation of a system used by the individual to communicate a need for immediate assistance when the individual is receiving less than 24 hours per day supervision.
- This service requires justification:
 - Proof of Medicaid PA denial must be included
 - Documentation that the Individual is not receiving 24 hour residential supports
 - Documentation that the IST has agreed to the system should be included in the ISP and in the individual's BDDS file
 - Describe how the system is needed for this individual and why.
 - Describe how/if the cost will be shared with roommates and/or between owner and tenant(s).
 - Include 3 bids/estimates for the system

Personal Emergency Response System - Maintenance

- This service requires justification:
 - Proof of Medicaid PA denial must be included
 - Documentation that the Individual is not receiving 24 hour residential supports
 - Documentation that the IST has agreed to the system should be included in the ISP and in the individual's BDDS file
 - Describe how the system is needed for this individual and why.
 - Describe how/if the cost will be shared with roommates and/or between owner and tenant(s).
 - Include 3 bids/estimates for the maintenance
 - Proper justification may allow maintenance to be performed without garnering bids.

Physical Therapy

- This service requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the therapy should be included in the ISP and in the individual's BDDS file
 - Clearly describe specific outcomes expected from the therapy

Recreational Therapy

- This service requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the therapy should be included in the ISP and in the individual's BDDS file
 - Clearly describe specific outcomes expected from the therapy

Rent and Food for Unrelated Live in Caregiver

- Caregiver must be unrelated to the individual by blood or marriage and acts as a companion to the individual while living in the individual's home or apartment.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Residential Habilitation and Support (RHS)

- This service requires justification:
 - Describe how the service is needed for this individual and why.
 - Describe how/if the cost will be shared with roommates
 - Describe how the individual is utilizing this service as indicated in the Individualized Support Plan.
- RHS services may be rendered while an individual is hospitalized
 - Providers of Residential Habilitation and Support (RHS) services may deliver direct care and support once an individual is admitted to a hospital for medical care.
 - The RHS caregiver may only provide direct care and support related to the individual's non-medical but developmental disabilities related needs (e.g., assistance with communication, coordination of health care, behavioral interventions, etc.) per the Individual Support Plan
 - RHS caregiver may not provide for the medical needs of an individual once an individual is admitted to a hospital
 - Care and support delivered by the RHS provider once an individual is admitted to a hospital is not considered a reimbursable service and must be excluded from billing.

Specialized Medical Equipment and Supplies

- Interpreter Services and vehicle modifications that are not available through Medicaid State plan or private health insurance may be obtained through a State line budget.
- All Specialized Medical Equipment and Supplies need to be pre-approved by the Service Coordinator before being requested on a budget
- This service requires justification:
 - Proof of Medicaid PA denial must be included
 - Documentation that the IST has agreed to the system should be included in the ISP and in the individual's BDDS file
 - Describe how the system is needed for this individual and why.

Speech Therapy

- This service requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the therapy should be included in the ISP and in the individual's BDDS file
 - Clearly describe specific outcomes expected from the therapy

Transportation

- If the individual is on Medicaid, transportation to and from medical appointments can not be reimbursed on a budget.
- "Level 1 Residential 24-hour supervision" is to be used when the individual does not require mechanical assistance to transfer in and out of the vehicle.
- "Level 2 Residential 24-hour supervision" is to be used when the individual does require mechanical assistance to transfer in and out of the vehicle
- "Round Trip, Initial" is for the initial round-trip of the day
- "Round Trip, Second round trip per day" is to be used when multiple round-trips are made during a day for the individual

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Treatment Placement

- Treatment Placement services must be pre-approved by BDDS Business Operations Staff.
- Services and supports will assist with the return of the individual to the community.
- Only providers specifically authorized by BDDS to provide this service will be reimbursed.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Guidelines for Residential Living Allowance

The State Line Residential Living Allowance (RLA) is intended to address the basic needs of the individual to enable him/her to live and participate in the community. An RLA is requested when State Line dollars are required to support an eligible individual in his or her own residence in the community.

The individual and/or legal representative is expected to apply for all entitlements and benefits for which the individual may be eligible. The provider responsible for assisting the individual in managing his/her resources and/or the case manager is expected to assist the individual in applying for these benefits. State Line funds cannot be used if an individual is eligible for residential benefits but chooses not to apply for said benefits.

The cost of a home must be shared by all adult persons living within the home, whether a service recipient or not. A budget must reflect only the amount that is the responsibility of the individual.

All documentation must be retained according to the Provider Standards found in the Indiana Administrative Code (460 IAC 6) and may be requested for review by BDDS at any time. The documentation detail should provide an audit trail that begins with the ISP and culminates with the claim for services rendered and/or costs incurred

Dependents

- Income received specifically for the support of children residing with an individual, such as TANF, Child Support, Social Security, should not be included on the budget for the individual.
- Living expenses for a dependent should not be included on the Budget.
 - Exception: If the individual receives food stamps/EBT (Electronic Benefits Transfer) based on a household that includes the individual's children, the cost of groceries for the individual's children should be documented on the Budget as "Other Expenses".

Earned Income Incentive

- Earned Income Incentive (EII) allows the individual to increase the amount of discretionary income for use to purchase items not normally funded under monthly living expenses.
- The use of EII should be based upon the Person Centered Planning process and reflected in the ISP.
- The EII amount is calculated as the first \$16 of earned income plus 50% of all earned income over \$16.

Groceries

- This amount should be the total monthly cost for food required to meet the basic nutritional needs of the individual.
- The groceries that are supported by this expense are groceries solely for the individual.
- If there are grocery funds remaining after purchasing items that meet the nutritional needs of the individual for the month, the individual may use grocery funds to purchase food from restaurants.
- The provider is responsible for the managing of the grocery funds and to work with the individual to develop healthy eating habits within the given budget.
- This amount should not exceed \$200.00 a month.
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Housing (Actual Costs)

- This amount should be the total amount of the monthly rent or mortgage that is the fair share owed by the individual.
 - Any housing supplements or coupons are not to be subtracted from this amount, but are listed on the Income and Benefits screen as a "Hud / Section 8 Supplement" or "Other".
- All housing costs are to be shared equally among all adult persons residing in the home.
- The purchase and/or maintenance of major appliances with RLA funds is not permitted.
 - Housing must include a refrigerator, stove, furnace/heating units and other major appliances.
 - Housing costs may include air conditioner and/or washer/dryer, snow removal and lawn mowing, if they are included in the rental agreement.
- All maintenance to the property is the responsibility of the landlord.
- BDDS expects all individuals to have signed agreements, deeds, or leases for their residence, even when family or friends own the residence, and between roommates.
- Housing costs should not exceed the following guidelines:

No roommates	\$450.00/ month
One roommate	\$325.00/ month/individual
Two roommates	\$283.00/ month/individual
Three roommates	\$263.00/ month/individual

If the request exceeds the budget housing guidelines, the provider must provide written justification.
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

Medical, Not Insured

- Only items prescribed or services provided by a medical professional with whom the individual has a doctor-patient relationship, such as a primary care physician doctor or nurse practitioner, are to be included in this field,
- Documentation that the IST has agreed to all items and services included in this field must be documented in the individual's the ISP and in the individual's BDDS file
- Detailed description of the items and services include in this field must be included in the budget.
- Over the counter (OTC) medications may be included in this field if prescribed as above.
- Non-prescribed medications and equipment should not be included in this field.
- This amount should not exceed \$20.00 a month.
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

Monthly Income and Benefits

- Although it is not required that a client assist in paying their expenses with their personal discretionary funds, if an individual chooses to do so, the amount being contributed is considered an "other" income and benefit.
- If family members contribute regularly to the expenses of an individual, this amount considered an "other" income and benefit.
- If an individual receives a housing subsidy, that amount must be included as an Income and Benefit, and not reduced from the housing costs in the Living Expenses.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Monthly Residential Living Expenses (RLE)

- An individual's monthly Residential Living Expenses should not be more than 150% of poverty level for a single individual for the current year as published in the Congressional Federal Register [<http://aspe.hhs.gov/poverty/figures-fed-reg.htm>].
- The RLE amounts expected in the budget are averaged monthly costs, as actual expenses may fluctuate from month to month.
- RLE that are not paid on a monthly basis (e.g., non-insured medical expenses or quarterly insurance premiums) are to be equally divided across the duration of the Budget. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
- All persons residing within the home, whether receiving BDDS services or not, must equitably share in the monthly living expenses, which includes housing, utilities, phone, and other shared household costs.
- Individuals are expected to participate in utility company budget plans
- Written justification is required when the RLE exceeds this amount.

Net Earned Income

- Net Earned Income is the total current net earned income of the individual. Net earned income is based upon monthly payroll records and may be averaged, using the previous three months of payroll records as the basis.
- Net Earned Income minus the Earned Income Incentive (EII) results in the Income Balance, which must be used towards the individual's monthly expenses.

Other Funds - Services

- "Other Funds – Services" means services funded through a Medicaid waiver or other sources, such as C.H.O.I.C.E., the Department of Education, or Vocational Rehabilitation Services.
- Do not include income benefits or supplements in this field

Personal Discretionary Funds

- Personal Discretionary Funds are funds that an individual has earned or been gifted (exempting RLA funds) and that may be used at the individual's discretion
- When an individual is employed, monthly wages are divided into Income Balance and Earned Income Incentive.
 - Income Balance is included in the calculations for Income and Benefits, and is to be used to pay the individuals Residential Living Expenses
 - Earned Income Incentive is considered to be Personal Discretionary Funds
- Use of Personal Discretionary Funds must be discussed with the Individualized Support Team (IST) and should be spent to improve the individual's quality of life.
- An individual may choose to use Personal Discretionary Funds to assist with their Residential Living Expenses.
 - BDDS does not require an individual to use their Personal Discretionary Funds to assist with their Residential Living Expenses or services.
 - If Personal Discretionary Funds are used to assist with Residential Living Expenses, the amount must be included in the Income and Benefits section of the budget as "Other"
- Personal Discretionary Funds are not to be spent by staff.
- Individuals should be discouraged from buying gifts for or loaning money to staff.
- Personal Discretionary Funds are itemized on the Personal Discretionary section of the budget

GUIDELINES FOR EXPENSES AND COSTS THROUGH BDDS STATE LINE ITEM FUNDS

Personal Necessities

- Personal Necessities are miscellaneous personal items that an individual may require on an occasional basis, such as underwear, socks, haircuts, shampoo, soap, toothpaste, deodorant, nail clippers, toilet paper, dish detergent, paper towels, glass cleaner, toilet bowl cleaner, non-prescriptive vitamins, food supplements, laundry expenses, etc.
- Non-prescribed medications and equipment, preventative aid supplies, etc. should be included in this field. Examples include first aid kits, band-aids, laxatives, antacids, and cold medicine.
- This amount should not exceed \$80.00 a month
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

Property Insurance

- Per the Provider Standards (460 IAC 6), the individual's RLA provider must assist an individual to obtain insurance at the individual's expense to protect the individual's assets and property.
- This is allowed as a monthly living expense when requesting an RLA on a budget.
- This amount should not exceed \$18.00 a month.
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

Residing in Home / Roommate / Housemate

- A person is considered to be residing in the home if the continued presence in the home exceeds 7 (seven) consecutive days and nights.
- All persons residing within the home, whether receiving BDDS services or not, must equitably share in the monthly living expenses, which includes housing, utilities, phone, and other shared household costs.
- BDDS requires an individual to justify not having a roommate or housemate when that individual is requesting RLA funds.
- A roommate or housemate means an individual who is not related to the other residents within the living quarters, and who shares living quarters primarily to share expenses.

Telephone

- This amount should be the total amount of the monthly phone costs that is the fair share owed by the individual.
- All phone costs are to be shared equally among all persons residing in the home. This amount should not exceed the following guidelines:

No roommates	\$40.00/ month
One roommate	\$20.00/ month/individual
Two roommates	\$14.00/ month/individual
Three roommates	\$10.00/ month/individual
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Utilities

- This amount should be the total amount of the monthly utility costs that is the fair share owed by the individual.
- Individuals are expected to participate in utility company budget plans
- All utility costs are to be shared equally among all persons residing in the home.
- If the utility costs are included in the rent, the utility field should reflect a zero amount, with the explanation included in the budget justification.
- This amount should not exceed the following guidelines:

No roommates	\$150.00/ month
One roommate	\$115.00/ month/individual
Two roommates	\$87.00/ month/individual
Three roommates	\$65.00/ month/individual
- If the request exceeds the guidelines, the provider must provide justification and the budget cannot exceed a three-month duration.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Non-Permissible Budget Expenses

The following expenses are not permitted using State funding and must NOT be included on a budget. If the following items are included on a submitted budget, the budget will be denied.

State Line funds cannot be used if an individual is eligible for Medicaid or private insurance but chooses a provider that does not accept Medicaid or private insurance.

Alimony or Palimony

- State Line funds cannot be used to assist with alimony or palimony payments.

Appliances

- State Line funds cannot be used to purchase or replace major appliances such as refrigerators or stoves.

Automobiles (and Related Expenses)

- State Line funds cannot be used to purchase or lease an automobile, nor will a budget be approved that includes any expenses for repairs, maintenance, fuel, or insurance.

Burial Trusts

- State Line funds will not reimburse deductions for burial trusts. Burial requests for individuals are supported using resources in the community such as township trustees, etc.

Cable / Satellite TV / Dish (etc.)

- State Line funds cannot be used to purchase cable TV.

Child Support

- State Line funds cannot be used to assist with Child Support payments.

Cleaning service

- State Line funds cannot be used to purchase housekeeping services.
- Services such as Residential Habilitation and Support include basic housekeeping for individuals who are unable to perform these tasks themselves.
- The individual may also obtain homemaker services from CHOICE services, if available.

Computers

- State Line funds cannot be used to purchase computers or a second telephone line.

Court Costs or Fines

- State Line funds cannot be used to assist with court costs, lawyer fees, tickets, or fines.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Non-Permissible Budget Expenses (continued)

Expenses Related to Individuals Attending Community Activities/Outings

- State Line funds cannot be used to pay for the expenses related to events and activities that an individual attends, such as admission to movies, dining out, etc.

Expenses Related to Staff Accompanying Individuals during Activities

- State Line funds cannot be used to reimburse agency staff, friends, or family members for the cost of expenses related to admission to events and activities that an individual attends, such as admission to movies, dining out, etc.
- These are considered to be part of the administrative costs covered in the service rates or a shared experience, with each person being responsible for his/her own expenses.

Fuel or Gasoline

See **Automobiles**

General Repairs and Maintenance

- State Line funds cannot be used for general repair and maintenance of property, including repair of major appliances and HVAC systems.
- Repairs and Maintenance should be included in the lease/rental agreement with the landlord.
 - State Line funds cannot be used for capital improvements to property owned by individuals or providers, except as defined under the Environmental Modification Service.

Guardianship Fees

- State line item funds cannot be used for fees related to legal guardianship and legal guardianship reports.
- Payment of this fee is an issue to be determined by the guardian and the court system.

Home Ownership

- State Line funds cannot be used for the purchase of homes by or for individuals.
- State Line funds cannot be used for capital improvements to property owned by individuals or providers, except as defined under the Environmental Modification Service.

Insurance

- State Line funds cannot be used for the premiums for life, auto, or medical/health insurance.

Lawn Care

- State Line funds cannot be used to purchase lawn care services.
- Lawn care should be part of the lease/rental agreement negotiated with the landlord.
- The responsibilities of the individual's residence should be matched with his/her needs and capabilities.

Loans and Debt

- State Line funds cannot be used to repay loans or debts
- If for any reason a lump sum or debt is to be re-paid, the RLA provider is the responsible party for assisting the individual in the repayment, not the State of Indiana. These dollars cannot be reflected on the budget as a Residential Living Expense.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Non-Permissible Budget Expenses (continued)

Loss of Benefits/ Reduction in Benefits

- State Line funds cannot be used to repay another government entity for an incorrect payment
- The RLA provider shall be responsible for any dollars lost as a result of benefits being discontinued for lack of management maintaining of the benefits, and not the State or the individual.
- The loss or repayment of lost Benefits cannot be reflected on the budget as a Residential Living Expense.
- If for any reason a lump sum or debt is to be re-paid, the RLA provider is the responsible party for assisting the individual in the repayment, not the State of Indiana. These dollars cannot be reflected on the budget as a Residential Living Expense.

Pets

- State Line funds cannot be used for the care of pets and/or companion animals.

Phones

- State Line funds cannot be used to purchase a second telephone line.

Snow Removal

- State Line funds cannot be used for snow removal services.
- Snow removal should be part of the lease/rental agreement negotiated with the landlord.
- The responsibilities of the individual's residence should be matched with his/her needs and capabilities.

Spend Down or Deductibles

- Definition: if a person's income is above a certain program's determined income standard, he/she may be required to pay out-of-pocket for some of the services covered by that program before the program will assist. The amount the person is required to pay is called the "spend-down" or "deductible" amount.
- BDDS programs do not have a BDDS mandated spend down or deductible amount.
- State Line funds cannot be used to pay an individual's spend down or deductible costs.

Spending Money

- State Line funds cannot be used to provide an individual with personal spending funds or to build up a personal savings account.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Conditional Budget Expenses

The following expenses may be permitted using State funding provided the described conditions are met. If an individual desires to purchase or incur the below items and services and BDDS review determines that the necessary conditions have not been met, the budget will be denied.

Even when the below goods and services are allowed on a budget, the IST should review the possible use of Personal Discretionary funds to purchase these items and services for the individual to decrease dependence upon State support.

State Line funds cannot be used if an individual is eligible for Medicaid or private insurance but chooses a provider that does not accept Medicaid or private insurance.

Alcohol

- The individual may purchase alcohol if there are Personal Necessity funds remaining after purchasing items that meet the needs of the individual for the month.
- Alcohol is not to be listed as a separate Living Expense.
- The provider is responsible for the managing of the Personal Necessity fund.

Breaking a Lease

- A new budget will not be approved by BDDS to break a lease unless an individual's health and safety are jeopardized or significant cost savings in living expenses and services will occur.

Cigarettes

- The individual may purchase cigarettes if there are Personal Necessity funds remaining after purchasing items that meet the needs of the individual for the month.
- Cigarettes are not to be listed as a separate Living Expense.
- The provider is responsible for the managing of the Personal Necessity fund.

Counseling

- When an individual does not have Personal Discretionary Funds and is not Medicaid eligible, a budget may include counseling services.

Dental Work

- This cost requires justification:
 - Proof of Medicaid State Plan or private insurance denial must be included
 - Documentation that the IST has discussed and agreed to the necessity of the dental work should be included in the ISP and in the individual's BDDS file
 - Describe what work is needed for this individual and why.
 - Describe plans for prevention of future re-occurrence

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Conditional Budget Expenses (continued)

Hospital Admissions

- RHS staff may provide direct care and support related to the individual's non-medical but developmental disabilities related needs (e.g., assistance with communication, coordination of health care, behavioral interventions per the Individual Support Plan, etc.)
- RHS caregiver may not provide for the medical needs of an individual once an individual is admitted to an hospital
- Care and support delivered by the RHS provider after an individual has been admitted into an hospital is not considered a reimbursable service and must be excluded from billing for services rendered.

Internet and Computers

- When an individual does not have Personal Discretionary Funds, community resources have been exhausted, and no other funding source is available to the individual, State Line funds may be used to purchase internet service if it is determined by the IST and documented in the ISP as a necessary communications device for the individual, and safeguards for the appropriate use, controls and oversight of its use are documented
- The internet is used by the individual and may not be used by staff
- Purchase and maintenance of a computer is not an allowable expense on the State Line budget.
- Purchase of a secondary phone line is not an allowable expense on the State Line budget

Long Distance Calling

- When an individual does not have Personal Discretionary Funds, community resources have been exhausted, and no other funding source is available to the individual, State Line funds may be used to purchase long distance telephone plans when determined and documented in the ISP as necessary
- The long distance is used by the individual and may not be used by staff
- Purchase of a secondary phone line is not an allowable expense on the State Line budget

Lottery Tickets

- The individual may purchase lottery tickets if there are Personal Necessity funds remaining after purchasing items that meet the needs of the individual for the month.
- Lottery tickets are not to be listed as a separate Living Expense.
- The provider is responsible for the managing of the Personal Necessity fund.

Moving Costs and Deposits (For Moves Within The Community)

- At the discretion of the Director of BDDS, a new budget may be considered to cover moving expenses, including deposits, fees for breaking leases, etc., especially if the move will result in shared services and a reduction in service costs.

Repairs (Due to Behaviors)

- A budget may include a request for repairs in the home or residence due to behavioral aggression when there is sufficient documentation of the appropriate implementation of a behavioral intervention plan and supervision of the individual.
 - Documentation must include Incident Reports and Behavior Management records, as well as a description of why the individual's Personal Discretionary Funds or Personal Necessities funds cannot be used.

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

The Electronic WebTool

State Line support budgets and claims are submitted via a secure website. Providers are required to maintain and are held responsible for the usernames, passwords, and access security rights for their employee's. Providers, their employees and agents are expected to follow any and all State and Federal laws, rules, policies and procedures regarding security of Personal Health Information and online data security.

Provider agencies approved to provide State Line funded supports will be asked to select a Provider Representative and submit the name and contact information of that Representative to BDDS Provider Relations.

- The Provider Representative information will be recorded in the BDDS system and given a username and password into an Administration website for the budget.
- The Provider Representative assigns and maintains usernames, passwords, and access rights for employees within their company.
- Provider employees log into the budget tool and create and submit budgets to the BDDS.

BDDS will only maintain the usernames and passwords of the Provider Representatives.

- It will be up to the Provider Representatives to maintain the usernames and passwords of their fellow employees, and to ensure that only appropriate personnel are given access to the system.

All budgets must be submitted via the secure BDDS Budget Tool at
<https://ddrsprovider.fssa.in.gov/BDDS/>

GUIDELINES FOR EXPENSES AND COSTS

THROUGH BDDS STATE LINE ITEM FUNDS

Additional State Line Assistance

- *BDDS Budgets for State Line Item Funds policy*
The policy and procedures developed by BDDS regarding the budgeting of State Line Item funds.
- *DDRS/BDDS Service Definitions*
The Service Definitions developed by DDRS and BDDS.
- *BDDS Guidelines for Expenses and Costs*
Explanations and details regarding limitations and costs for the State Line budget.
- *DDRS Web-based Budget Tool User Guide*
Step- by-step instructions for the Budget section of the DDRS WebTool.
- *Provider Standards (460 IAC 6)*
Indiana Administrative Code. The Provider Standards describes the responsibilities of the Provider agency as required by the State of Indiana and BDDS.
- *BDDS Helpline (BDDSHelp@fssa.in.gov)*
Email questions regarding any BDDS services or supports can be addressed to the Helpline.
- *BDDS-Moderated Discussion Board*
(<https://myshare.in.gov/fssa/ddrs/Lists/Annualized%20Budget/AllItems.aspx>)
Post questions and discuss answers to issues regarding BDDS State Line services or supports. This is a public board, so please do not include case specific information